



TREATMENT OF LATENT TB INFECTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 50250 (6-2023)

Instructions: When a client initiates treatment for latent TB infection, complete the shaded area of this form and submit the pink copy, along with the TB Infection Report Card, to the address below. Retain the white and yellow copies of the form and record monthly medications as dispensed. When treatment is complete, or the case is closed, sign and date the form and submit the white copy to the TB Program. Retain the yellow copy for your records. If the client did not complete treatment, please indicate the reason for incomplete treatment in the "Comments" area.

This form does not replace the TB Infection Report Card. Use a separate form for each client. Press hard when completing this form and check pink form for legibility. Call 800.472.2180 with questions.

Send card and form to: **TB Program**
North Dakota Health and Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505

Client's Name (Last, First, Middle)				Date of Birth			
Health Unit/Facility Providing Medication				Phone			
Physician's Name			Was TB Infection Report Card Submitted to NDHHS? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Treatment Regimen (check all that apply) RIF <input type="checkbox"/> INH <input type="checkbox"/> RPT <input type="checkbox"/>		Date Treatment Started		Length of Treatment Prescribed			

Treatment Month	Date Filled	Person Dispensing Drug	RIF	# of Pills Given	INH	# of Pills Given	B6	# of Pills Given	RPT	# of Pills Given
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Comments

Signature

Date Signed